



CONFIDENTIAL

Add-On Test Form
TOLL FREE FAX: (877) 816-4019

This information is intended for the recipient only. Please destroy if received in error and notify the sender. Recipient secures this information in accordance with HIPAA regulations.

(Please Print)

Ordering Lab/ Physician **Office Phone Number** **Contact Person**

Patient Name (last, first) **Patient / Accession ID #** **Date of Birth** **Original Order Date**

Clinical Diagnosis / ICD-10 Code(s): _____

Please check the Prometheus test to be performed

- PROMETHEUS[®] IBD sgi Diagnostic[®]**
- PROMETHEUS[®] Crohn's Prognostic**
- PROMETHEUS[®] TPMT Genetics**
- PROMETHEUS[®] TPMT Enzyme**
- PROMETHEUS[®] Thiopurine**
- PROMETHEUS[®] Celiac PLUS (serology and HLA DQ2/DQ8)**
- PROMETHEUS[®] Celiac Genetics (HLA DQ2/DQ8)**
- PROMETHEUS[®] Celiac Serology**
- PROMETHEUS[®] Anser[®] IFX**
- PROMETHEUS[®] Anser[®] ADA**
- PROMETHEUS[®] Anser[®] VDZ**
- PROMETHEUS[®] Anser[®] UST**
- PROMETHEUS[®] FIBROspect[®] HCV**
- PROMETHEUS[®] FIBROspect[®] NASH**
- PROMETHEUS[®] Monitr[™] Crohn's Disease**
- PROMETHEUS[®] 7C4 Diagnostic**
- PROMETHEUS[®] NOD2/CARD15**
- PROMETHEUS[®] LactoTYPE[®]**

Use this form to request additional testing for specimens already in-house.

Note: Add-on testing may require additional authorization from a referral laboratory and is contingent upon specimen volume and sample stability.